

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/677780

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		(1)					54						
5	1						55						
6		1					56						
7		2					57						
8	1						58						
9		1					59						
10	1						60						
11		1					61						
12		1					62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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39							89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	10						TOTAL DEP.						
TOTAL CLAIMS	14						TOTAL CLAIMS						